

**EMPLOYEE'S AUTHORIZATION** - Please fill out and return to the Payroll Department.

Staple Deposit Slip Here

Start	
Change	
Cancel	

I authorize you and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

☐ checking account      ☐ savings account

each payday. Any money owed to me other than my regular paycheck will be paid by paper check. This authority will remain in effect until I have cancelled it by giving a thirty (30) day written notice or by termination of employment.

Date

Financial Institution

Employee's Name (Please Print)

Branch

Account Number at Financial Institution

City

State

Employee's Signature

Transit Routing Number

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ABA

Account Number Information

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***Please allow three (3) weeks for implementation of direct deposit.***